Epi Update for Friday, March 29, 2019 Center for Acute Disease Epidemiology (CADE) Iowa Department of Public Health (IDPH)

Items for this week's Epi Update include:

- Rockland County New York declares emergency due to measles, bans unvaccinated children from public places
- Hepatitis A: Laboratory testing considerations, public health follow-up
- WHO announces recommended Northern Hemisphere influenza vaccine components for 2019-20 season after initial delay of H3N2 component
- In the news: The other reasons people don't get vaccines
- In the news: Leprosy still lurks in United States, study says
- In the news: Loneliness is harmful to our nation's health
- Infographic: Know the ABC's of viral hepatitis
- Meeting announcements and training opportunities

Rockland County New York declares emergency due to measles, bans unvaccinated children from public places

Rockland County near New York City has been combating a large, ongoing measles outbreak since September, when an international traveler with measles imported the virus. As of March 28, 156 cases of measles have been identified in the county, the majority of which are unvaccinated.

On March 27, county officials declared a state of emergency and banned unvaccinated individuals under the age of 18 from public places until they receive MMR vaccination. The step comes as case counts have continued to rise despite public health action. Almost 17,000 doses of MMR have been administered since the outbreak began.

For more information about the outbreak in Rockland County, visit rocklandgov.com/departments/health/measles-information/.

Hepatitis A: Laboratory testing considerations, public health follow-up

Hepatitis A case reports decreased significantly in the U.S. following the introduction of a vaccine in 1995. However, there has been an increase in cases nationally over the last few years, with large outbreaks occurring in multiple states. Most cases in the U.S. now affect adults who grew up prior to the introduction of routine hepatitis A childhood vaccination.

In lowa, about 10-20 cases of hepatitis A are reported each year, but IDPH and local public health partners investigate many more patients with positive laboratory results that ultimately are not considered cases. These patients most often have a positive IgM serology test, but are without symptoms consistent with hepatitis A and/or significantly elevated live enzymes. This is a known issue, and as a result, CDC states "providers should be discouraged from using hepatitis A IgM as a screening tool or as part of testing panels in workups of non-acute liver function abnormalities." A positive hepatitis A IgM result should always be taken in context alongside the patient's symptoms, risk factors and other laboratory results. Hepatitis A total (combined IgM/IgG) antibody positive test results are not followed-up by public health because the test does not distinguish between acute infection and immunity.

Each case of hepatitis A prompts extensive follow-up by IDPH and local public health partners. Close contacts of a case who are not already immune are provided vaccine or immune globulin as prophylaxis, and if the case works in select high-risk occupations, such as food handling, further follow-up to identify and prophylax exposed individuals is required.

For more information about hepatitis A, visit www.cdc.gov/vaccines/pubs/surv-manual/chpt03-hepa.html.

WHO announces recommended Northern Hemisphere influenza vaccine components for 2019-20 season after initial delay of H3N2 component

In February, WHO and FDA recommended three of four vaccine components for the Northern Hemisphere 2019-20 influenza season, but delayed their recommendation of the H3N2 component due to ongoing changes in circulating virus. On March 21, they updated their recommendation to include an H3N2 component more similar to a recently circulating virus.

H3N2 viruses have presented an increasing challenge for vaccine virus selection due to frequent changes in circulating viruses. During the current U.S. influenza season, the proportion of viruses in one antigenically distinct group (3C.3a) has rapidly increased and now represents the predominant H3N2 virus identified by CDC and in Iowa. The H3N2 component recommended for the 2019-20 vaccine is a 3C.3a virus.

The recommended components for trivalent vaccines for the 2019-2020 Northern Hemisphere influenza season are as follows:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus,
- an A/Kansas/14/2017 (H3N2)-like virus,
- a B/Colorado/06/2017-like virus (Victoria lineage).

The recommended components for quadrivalent vaccines include the same three components as trivalent vaccines, plus the following influenza B component:

• a B/Phuket/3073/2013-like virus (Yamagata lineage).

Both the influenza A H1N1 and H3N2 components are different strains than were recommended for the 2018-19 influenza season.

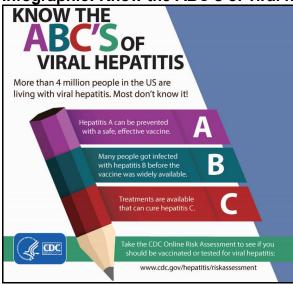
For more information, visit www.who.int/influenza/vaccines/virus/recommendations/2019_20_north/en/.

In the news: The other reasons people don't get vaccines blogs.scientificamerican.com/observations/the-other-reasons-people-dont-get-vaccines/

In the news: Leprosy still lurks in United States, study says www.cnn.com/2019/02/21/health/leprosy-cases-study/index.html

In the news: Loneliness is harmful to our nation's health blogs.scientificamerican.com/observations/loneliness-is-harmful-to-our-nations-health/

Infographic: Know the ABC's of viral hepatitis



To view in full size, visit www.cdc.gov/cpr/infographics/00_docs/INFOGRAPHIC_abcs_hep.pdf.

Meeting announcements and training opportunitiesNone

Have a healthy and happy week! Center for Acute Disease Epidemiology lowa Department of Public Health 800-362-2736